

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH  
County of Abbeville  
Township of .....  
or  
Inc. Town of .....  
or  
City of Abbeville  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**17241**

Registration District No. 1 A Registered No. 73  
(For use of Local Registrar)

(2) Full Name of Child Albert Lecheater Hill  
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22, 1922  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME John Frank Hill  
(9) PRESENT POSTOFFICE OF FATHER Abbeville S C  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)  
(12) BIRTHPLACE Greenville S C  
(13) OCCUPATION Store Work  
(20) Number of children born to mother, including present birth 2

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Martha Emmeline Lecheater  
(15) PRESENT POSTOFFICE OF MOTHER Abbeville S C  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY ..... (Years)  
(18) BIRTHPLACE Greenville S C  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) J. E. Pressley  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville S C

Given name added from a supplemental report .....  
(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed June 26, 1922 (28) Miss Julia McAllister Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MOGAW OF COLUMBIA, COLUMBIA, S. C.